



Laurie D. Miller, Clerk/Treasurer
Mark W. Eagleson, Town Manager
1201 N Townline Road
LaGrange Indiana 46761
260-463-3241

BUSINESS APPLICATION FOR UTILITY SERVICES

DATE EFFECTIVE _____

NAME OF BUSINESS _____ ACCOUNT No. _____

SERVICE ADDRESS _____ PHONE No. _____

EMAIL ADDRESS _____ ☐ I WANT TO GO PAPERLESS

MAILING ADDRESS _____ ☐ I WANT ON AUTOPAY

PRESIDENT _____ VICE PRESIDENT _____
(NAME/ADDRESS)

CONTACT PERSON _____ PHONE NUMBER _____ EMAIL (If different from above) _____

FEDERAL ID # _____ STATE ID # _____ TAX EXEMPT _____ YES _____ NO

IF YOU ARE TAX EXEMPT WE WILL NEED FORM ST-200 (UTILITY SALES TAX EXEMPTION APPLICATION THROUGH THE STATE OF INDIANA) BEFORE YOU WILL RECEIVE ANY EXEMPTIONS

BANKING INSTITUTION _____
(NAME AND ADDRESS OF INSTITUTION)

STATUS AT SERVICE LOCATION: _____ OWN _____ LAND CONTRACT _____ RENTING

SUPPLY NAME/ADDRESS OF LANDLORD, FINANCING INSTITUTION OR LAND CONTRACT SELLER:

(IF YOU OWN THE PROPERTY, STATE N/A)

UNDERSIGNED AGREES TO INSTALL A WATER OR SEWER-ONLY METER ACCORDING TO THE SPECIFICATIONS OF THE TOWN'S UTILITIES. UNDERSIGNED ALSO AGREES THAT THE METER CAN BE INSPECTED BY THE TOWN'S UTILITY PERSONNEL AT A REASONABLE TIME DURING THE WORK WEEK. RULES FOR INSPECTIONS CAN BE FOUND IN THE INSPECTION SECTION OF THE "WATER LATERAL AND TAP REQUIREMENTS" FORM AS WELL AS THE "SEWER ONLY METERING REQUIREMENTS" FORM. THE UNDERSIGNED FURTHER AGREES TO PAY FOR ALL WATER USED AND OR WASTEWATER DISPOSED OF AS MEASURED BY THE METER AT THE RATES AND UNDER THE RULES IN FORCE BY THE LAGRANGE WATER AND WASTEWATER UTILITIES FROM THE DATE THEREOF UNTIL SUCH TIMES AS THE SUPPLY SHALL BE DISCONTINUED. DEPOSITS WILL BE CREDITED AGAINST THE FINAL BILL. IT IS UNDERSTOOD BY THE APPLICANT THAT THERE IS A CHARGE FOR USAGE AND THAT SUCH A CHARGE WILL CONTINUE AS LONG AS SERVICE IS USED AND FURNISHED IN THE APPLICANT'S NAME AND THE SERVICE ADDRESS. THEREFOR, THE UTILITY OFFICE MUST BE NOTIFIED WHEN SERVICE IS TO BE DISCONTINUED.

A CHARGE WILL BE BILLED AS LONG AS THERE IS ACCESS TO SERVICES.

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TRASH DEPOSIT \$ _____ N/A _____

WATER DEPOSIT \$ _____ 100.00 _____ No _____

WASTEWATER DEPOSIT \$ _____ 50.00 _____ No _____

AMOUNT DUE: \$ _____ 150.00 _____

CASH _____ CREDIT CARD _____ CHECK No. _____ DATE OF DEP _____

TYPE OF SERVICE:

RESIDENCE _____ X _____

WATER _____

WASTEWATER _____

TRASH _____

DATE: _____

SIGNATURE: _____ CLERK: _____